

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2017		Entity Name: Chelan County Public Hospital District No. 1 dba Cascade Medical Center						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Diane Blake	Yes - CEO		163,624			4,814	23,589	192,026
2 Amy Webb	No		141,989			4,347	10,919	157,255
3 James Hopkins	No		116,480				11,198	127,679
4 Gregory Horton	No		88,140			2,734	8,953	99,826
5 Reyne Boik	No		79,578			2,576	8,733	90,888
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: hos@doh.wa.gov